THE
Journal of the American Medical Association.
PUBLISHED WEEKLY.

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Subscription Price, Including Postage.
Per Annum, in Advance.............................. $5.00
Single Copies.................................. 10 cents.

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Address
Journal of the American Medical Association,
No. 65 Randolph Street,
Chicago, Illinois.

SATURDAY, JUNE 20, 1885.

THE STATUE OF BOUILLAUD.

On May 16 the statue of Bouillaud, member and president of the Academy of Medicine, professor and dean of the Faculté of Paris, and member of the Institute, was unveiled at his native place, Angoulême. Few memorials of scientific men have been more deserved than this; the work of Bouillaud extended over the greater part of a century, and in its variety and magnitude it was such as but few men are capable of performing. As is the case with so many of the best workers in science, he commenced life in great poverty, which though sometimes the evil sister of genius is often the mother of success and fortune. Though his medical studies were interrupted, like those of Broussais in 1792, by a call to the service of the army in 1815, they were resumed immediately on the completion of the campaign of Paris. He was graduated in medicine in 1823, and in the following year published the celebrated "Traité des Maladies du Cœur," by his master, Bertin. In 1825, at the age of twenty-nine years, he was elected to the Académie de Médecine; and in 1826, the year in which Laennec was lost to medicine, Bouillaud was elected Assistant Professor in the Faculty over a large number of candidates; and in 1831 he was appointed to the chair of clinical medicine. Thus, at the age of thirty-five, he occupied the chair which had been graced by Corvisart and Laennec.

His work, which hitherto had been great and laborious, now became stupendous; long hours of clinical work in the hospital and amphitheatres; active participation in the work of the Faculty; communications, reports and discussions in the Academy; laborious study in the works on ancient and modern medicine, and lectures on the works of the ancients and of the seventeenth and eighteenth centuries; experimental researches in the applications of physics and chemistry to medicine, thus in a measure fulfilling the prophecy of Bichat; writing of memoirs on physiology and medical philosophy; the publication of clinical treatises on Rheumatism and Diseases of the Heart, in which he showed himself the equal of Laennec and the superior of Corvisart. And it is gratifying to write that, with his reputation and knowledge, his fortune grew. Among his earliest works may be mentioned that in which he showed the part played by phlebitis and the obliteration of the veins in the mechanism of dropsies. To him also we are indebted for the explanation of the mechanism of albuminuria resulting from cantharidism, and of the slowness of the pulse in simple jaundice, which he showed was caused by the passage of the bile into the blood. His researches on the affections of the heart and on articular rheumatism led to a discovery which of itself is sufficient to render his name immortal, viz: the law of coincidence of inflammations of the heart with rheumatism. Until this discovery the causes of cardiac affections were absolutely unknown. Bouillard, however, threw great light on the subject, and he showed that, in the great majority of cases, these affections are produced by acute articular rheumatism, and that they are almost constant manifestations of this latter affection. The knowledge of this fact almost revolutionized the therapeutics of heart disease, and is justly considered one of the most important discoveries of this century.

Another memorable discovery of Bouillaud, is the influence of lesions of the anterior lobes of the brain on the function of language, of which he treated in his clinical researches on the subject in 1825; and although Broca, 36 years later, specified the seat of the lesions which determined aphasia, yet to Bouillaud is due the credit of making the first step towards the establishment of the doctrine of cerebral localisations. Besides his many monographs and treatises, he published numerous articles in the medical dictionaries and periodicals of the day.

France has been justly celebrated for the eloquence of her medical men; but none have been more eloquent than he, and none have ever infused into any language more of the delicate perfume of the ancient languages than did Bouillaud into the French. None are more aware of these facts than those who heard him at the International Congress held in Florence in 1865, or during the Exposition in Paris in 1867. The accredited orator of the Academy and of the Faculty of Paris, he made the orations at the unveil-

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ing of the statues of Broussais, Bichat and Laennec; and could these masters have chosen one to set forth their works in their best colors, and who would at the same time do strict and impartial justice, they could not have chosen more wisely than did the Academy on these occasions.

It seems peculiarly fitting that the statue which has been raised to his memory should have been the work of an artist, M. Verlet, of his native place. And as it was fitting that Bouillaud should make the orations over the statues of Broussais, Bichat and Laennec, it was appropriate that his pupil Henri Roger should have in the same manner commemorated his works at the unveiling of his statue. In the closing words of his oration: Immortelle sera votre mémoire,

Nulla dies unquàm memori vos eximet ævo.

HÆMORRHAGIC MALARIAL FEVER; PATHOLOGICAL CHANGES IN THE BLOOD AND URINE.

DR. JEROME COCHRANE, of Alabama, in his paper on this subject published in this JOURNAL for May 30th, 1885, has given the results of the analysis of several specimens of the urine from patients laboring under this fever, in which the characteristically dark red urine, which has generally been supposed to contain an abundance of red-blood corpuscles, contained no blood corpuscles whatever. The color was due to the constituents of the blood-corpuscles, chiefly hæmoglobin, without the presence of any non-disintegrated corpuscles in the several specimens of urine examined. The microscopic examinations were made by Dr. Geo. M. Sternberg, U. S. A., and the chemical by Dr. H. Newell Martin, of the Johns Hopkins University. In the same paper Dr. Webb states, in connection with the cases related by him, that in 1875 he sent a specimen of apparently bloody urine from a severe case to Dr. James Tyson, of Philadelphia, for examination. Dr. Tyson reported that the specimen of "urine contained no blood-corpuscles," and that its color was due to hæmatin. But both Dr. Webb and Dr. Tyson then thought the absence of the corpuscles might be owing to their having been dissolved by the alkaline constituents of the urine after it had been voided. This supposition was disproved, however, by several of the specimens examined by Dr. Sternberg, in which he states positively that the urine gave an *acid* reaction.

All the important facts developed by the microscopic and chemical analyses reported in Dr. Cochrane's paper had been previously set forth very clearly in a short paper read to the Macon (Ga.) Medical Society by Dr. H. McHatton, September 2d, 1884, and published in the *Atlanta Medical and Surgical Journal* for October, 1884, pp. 400–1. Dr. McHatton, in giving the details of his examination, both microscopic and chemical, of the urine from a severe case of the malarial hæmaturia, says: "Although the urine was fresh, on repeated examination I could not find a single red or white blood-corpuscle." By chemical tests, he demonstrated the presence of abundance of hæmatin and hæmaglobin, and obtained "characteristic hæmin crystals." The latter he also obtained from a specimen of the matter vomited by the same patient. He adds: "This examination proved most conclusively that whereas the urine contained none of the anatomical elements of the blood, it was loaded with the chemical constituents. In fact it was a case of hæmaglobinuria and not hæmaturia, at the same time showing little or no renal troubles."

The important pathological inference from the facts adduced in the papers of Drs. McHatton and Cochrane is, that the blood in hæmorrhagic malarial fever has undergone such changes as a positive disintegration of its red corpuscles and diffusion of the hæmatine and other constituents into the serum of the blood, from which it is eliminated freely by the kidneys, and also deposited in the cutaneous and other tissues, imparting to them the characteristic hue usually accompanying that disease, there being no true renal hæmorrhage. On the other hand, many of those who have treated cases of this form of disease, state positively that the urine when voided contained undissolved blood-corpuscles. Thus the late Dr. S. M. Bemiss, of New Orleans, in the article on Malarial Fever in the first volume of the American System of Medicine, page 611, relates two cases of what he calls "malarial hæmorrhagic fever," in one of which he says, the "urine was loaded with albumen and showed under the microscope abundant blood-corpuscles;" and in the other that the urine was "loaded with blood." It is plain, therefore, that we need careful microscopic and chemical examinations of the urine immediately after having been voided, in a much larger number of well-authenticated cases of this variety of fever, before we can safely assume that all the essential pathological changes take place in the blood, and that the renal organs are only embarrassed by the effort to eliminate the products of the corpuscular degeneration of that fluid.

BURIED SUTURES.

In the *British Medical Journal*, of May 2, 1885, is a paper by MR. C. B. KEETLY, "On Buried Sutures, with Remarks on the Importance of Suturing Separately, Periosteum to Periosteum, Muscle to

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